

Attachment 12

**Office of Administration
Commissioner's Office**

REIMBURSEMENT REQUEST FOR OTHER SERVICES

Program: **Alternatives to Abortion**

Contractor: Alliance for Life

Subcontractor: Alpha House Pregnancy Resource Center

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled 1/25/2017

Proposed Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
6/27/2017	Birth Certificate for baby and herself	Baby: \$15.00 Client: \$30.00 Total: \$45.00	Client does not have copy of her birth certificate or her baby's birth certificate. There are no places in the area to refer the client to for financial assistance for birth certificates. Client needs birth certificates for her personal records.
Amt to be reimbursed		\$45.00	

The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

Authorized person requesting purchase: Rebecca C. VolzAlliance for Life Program Manager: Clarrie HolscherPurchase is Approved ☒ Denied ☐ A2A Signature Shirley Smith Date 6/27/17

Reason for denying purchase: _____